



Sleep Management

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is a specialty medical benefits management company that provides utilization management services for Cigna.

Which customers will eviCore healthcare manage for the Sleep Management program?

Beginning January 21, 2021 eviCore healthcare (eviCore) will accept precertification requests for Sleep Management services for dates of service on or after February 1, 2021 for Cigna commercial customers

Which sleep services require precertification for Cigna?

Precertification is required for the following services:

- G0398/G0399/G0400 – Home Sleep Testing
- 95800/95801/95806 – Sleep study, unattended
- 95782/95783 – Attended Polysomnography; younger than 6 years
- 95805 – Multiple Sleep Latency Test (MSLT)
- 95807/95808/95810 – Attended, Polysomnography (PSG)
- 95811 – Attended Polysomnography with PAP titration

To find a list of Sleep Current Procedural Terminology (CPT) codes that require precertification through eviCore, please visit: <https://www.evicore.com/resources/Healthplan/cigna>.

How do I request a precertification through eviCore healthcare?

Providers and staff may request precertification in one of the following ways:

- **Web Portal**
The eviCore portal is the quickest, most efficient way to request precertification and is available 24/7. Providers can request an authorization by visiting www.evicore.com/ep360.
- **Phone**
Providers and/or staff may request precertification and make revisions to existing cases by calling 800.298.4806; options 1, 1. Monday – Friday 8 a.m. to 9 p.m. EST and Saturday and Sunday 10 a.m. to 6 p.m. EST.

How do I check case status on an existing precertification request for a customer?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com/ep360 and sign in with your login credentials. Providers and staff may also contact our call center by calling 800.298.4806.

What information is required when requesting precertification?

When requesting precertification, please ensure the following information is readily available:

Customer

- First and Last Name
- Date of Birth
- Customer ID

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number



Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address
- Phone and Fax Number

Clinical(s)

- Pertinent clinical information to substantiate medical necessity for requested service
- Working diagnosis CPT Code(s)
- Signs and symptoms of sleep complaints
- Epworth Sleepiness Score (ESS)
- Previous sleep testing results if applicable
- Patient's history including current medications

Note: eviCore suggests reviewing the clinical worksheets before requesting authorization for sleep services so that providers are aware of the information they should provide to eviCore.

Where can I access eviCore healthcare's clinical worksheets and guidelines?

eviCore's clinical worksheets and evidence-based guidelines are available online 24/7 and may be found by visiting the following links:

- **Clinical Worksheets**
https://www.evicore.com/provider/online-forms-details?solution=sleep_management
- **Clinical Guidelines**
<https://www.evicore.com/cigna>

When will I receive the authorization number once the precertification request has been approved?

Once the precertification request has been approved, the authorization information will be provided to the ordering and rendering provider via fax. The determination notice may also be printed on demand from the eviCore portal at www.evicore.com/ep360. The customer will receive an approval letter by mail.

If denied, what follow-up information will the referring provider receive?

When a request does not meet medical necessity based on evidence based guidelines, an adverse determination is made and the request is denied.

In those cases, a denial letter with the rationale for the decision, reconsideration options and appeal rights will be issued to the ordering physician, rendering facility and customer.

Adverse determination letters can be printed on demand from the eviCore portal at www.evicore.com/ep360.

Note: The referring provider may request a peer-to-peer consultation with an eviCore Medical Director to review the decision.

In the event of an adverse determination, what post-denial processes are available?

A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information. A reconsideration may be requested anytime, up until an appeal is received. Reconsiderations may be requested by phone at 800.298.4806 or via a peer-to-peer consultation with an eviCore physician.

Cigna will process first-level appeals. Delegation of second level appeals will vary by plan and/or state. The timeframe to submit an appeal will be outlined on the determination letter. Appeal requests may be submitted to Cigna in writing via US Mail or by fax. The Cigna appeal address and fax number will be provided on the



determination letter. The appeal determination will be communicated to the ordering physician and customer by Cigna.

Appeal turnaround times*

- Expedited 72 hours
- Standard customer 30 days
- Standard provider 60 days

*May vary by plan and/or state regulations.

What is the peer-to-peer consultation request process?

If a request is not approved and requires further clinical discussion for approval, we offer peer-to-peer consultations with referring physicians and an eviCore Medical Director. Peer-to-peer consultations may result in either a reversal of decision to deny or an uphold of the original decision.

A peer-to-peer consultation may be requested by visiting:

www.evicore.com/provider/request-a-clinical-consultation or by calling eviCore at 800.298.4806

Does eviCore review cases retrospectively if no authorization was obtained?

Typically, retrospective requests must be initiated within 15 days following the date of service. The timeframe to submit retrospective requests may vary based on the specific plan or state regulation.

How can the accepting provider confirm that the precertification number is valid?

Providers can confirm that the precertification is valid by logging into our web portal, which provides 24/7 access to view precertification numbers. To access the portal, please visit www.evicore.com/ep360.

To request a fax letter with the precertification number, please call eviCore healthcare at 800.298.4806 to speak with a customer service specialist.

How long is a sleep authorization valid?

Authorizations are valid for 90-180 days from the date of the final submission/determination. If the service is not performed within the timeframe provided, please contact eviCore healthcare.

Note: Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?

The ordering clinician will be offered the choice to suspend the request for an attended study in favor of an HST.

If the provider selects the HST option, the CPT code will be changed and the HST will be approved.

If the provider does not select the HST option, the case will go to medical review and could lead to an adverse determination of the requested attended sleep study.

How do I check the eligibility and benefits of a customer?

Customer eligibility and benefits should be verified on Cigna Healthcare's website at www.CignaforHCP.com before requesting precertification through eviCore. Eligibility may also be verified at www.evicore.com/ep360.

What if an authorization is issued and revisions need to be made?

The requesting provider or customer should contact eviCore by phone with any change to the authorization. It is very important to update eviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the customer.



How do I determine if a provider is in network?

To find a participating provider, go to Cigna.com > Find a Doctor, Dentist or Facility, or call eviCore at 800.298.4806.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com

Who do I contact for web support/questions?

To speak with a Web Support Specialist, please call 800.646.0418, option 2 or email portal.support@evicore.com. Our dedicated Web Support team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

Where do I submit my claims?

All claims should be submitted directly to Cigna. Check the customer ID card for the claims address. All inquiries regarding Cigna claims submissions should be directed to Cigna.

If the available self-service tools do not provide claim resolution, providers should contact Cigna through www.cignaforhcp.com or 800.88Cigna (800.882.4462).

What is Cigna's payor ID number?

The payor ID used to submit a claim to Cigna through electronic billing is 62308.

Are providers required to enroll in Electronic Funds Transfer?

Providers are required to enroll in Electronic Fund Transfer (EFT) with both **Cigna and eviCore** in order to receive electronic payment for services rendered.

Providers are encouraged to utilize Cigna's provider self-service tools to manage accounts receivables at www.cignaforhcp.com for:

- Electronic Funds Transfer (EFT)
- Remittance Reports and Claim Status Inquiry 835/837

eviCore EFT forms can be requested and returned via email to clientservices@evicore.com or faxed to 615.468.4408 attention "Client Services".

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at www.evicore.com/resources/healthplan/cigna